

# City of Tempe Spring 2015 K-8TH Youth Hoops

**\*Non-Tempe Residents are Always Welcome\***  
**Grades are based on Fall 2014**

## **K – 3<sup>rd</sup> Small Ball Hoops:**

This program consists of practices followed by four (4) six (6) minute quarter games.

## **Location & Dates:**

Escalante Com. Center (2150 E. Orange St.)  
 April 4<sup>th</sup> – May 16<sup>th</sup> (Sat. Only)

## **Times & Codes:**

Co. Rec. K-1<sup>st</sup>: 9am-10:15am (Code 43780)  
 Co. Rec. 2<sup>nd</sup>-3<sup>rd</sup>: 10:30am-11:45am (Code 43781)

**Early Bird Registration**  
**Feb. 16<sup>th</sup> – 23<sup>rd</sup> Fee \$75!**

## **Easy to Register!**

Mail-in or drop off  
 Monday-Friday, 8 AM-5 PM  
 (Recreation Services 3500 S. Rural Rd. 2<sup>nd</sup> Floor)  
 Fax: 480-350-5058 (Debit or Credit payment only)  
 On-line: [www.tempe.gov/youthsports](http://www.tempe.gov/youthsports)  
 (Debit or Credit payment only)

## **4<sup>th</sup> - 8<sup>th</sup> Rec. Hoops:**

This program is a (7) week league consisting of Saturday games weekday evening practices.

## **March 28<sup>th</sup> First Day Program Location & Times:**

Escalante Com. Center (2150 E. Orange St.)  
 4<sup>th</sup>/5<sup>th</sup> Co. Rec. 9am-11am  
 6<sup>th</sup>-8<sup>th</sup> Girls 11:30am-1: 30pm  
 6<sup>th</sup>-8<sup>th</sup> Boys 2pm-4pm

## **Game Locations & Dates:**

April 4<sup>th</sup> - May 9<sup>th</sup> Sat. Games Only  
 4<sup>th</sup> - 5<sup>th</sup> Co. Rec. & 6<sup>th</sup> - 8<sup>th</sup> Girls League:  
 Westside Multi-Gen. Center (715 W. 5<sup>th</sup> St.)  
 6<sup>th</sup> - 8<sup>th</sup> Boys League:  
 Escalante Com. Center (2150 E. Orange St.)

## **4<sup>th</sup> - 8<sup>th</sup> Game Times & Codes:**

Co. Rec 4<sup>th</sup> - 5<sup>th</sup> (Code 43787): 11am/12pm/1pm/2pm  
 Girls 6<sup>th</sup> - 8<sup>th</sup> (Code 43788) 2pm /3pm/4pm/5pm  
 Boys 6<sup>th</sup> - 8<sup>th</sup> (Code 43789): 1pm/2pm/3pm/4pm

## **Fee: \$89.00 Per Child**

\*\*Scholarships available\*\*  
 \*\*Must verify enrollment in state subsidy program  
 & be a Tempe resident  
 or child attends a Tempe School

Participant Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address: \_\_\_\_\_ APT # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Other \_\_\_\_\_ School \_\_\_\_\_ Grade (Fall 2014) \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email: \_\_\_\_\_ Previous Participant: Y N

Coach/Friend Request: \_\_\_\_\_

Please Circle One: Co. Rec. K-1<sup>st</sup> : 43780 Co. Rec. 2<sup>nd</sup>-3<sup>rd</sup>: 43781

4<sup>th</sup>-5<sup>th</sup> Co. Rec: 43787 6<sup>th</sup>-8<sup>th</sup> Boys: 43788 6<sup>th</sup>-8<sup>th</sup> Girls: 43789

## **Waiver of Liability**

With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: \_\_\_\_\_ I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will. \*Photos may be taken during programs for City of Tempe Use\*

**REQUIRED: Parent or Legal Guardian Signature AND Printed Name** \_\_\_\_\_

**Date** \_\_\_\_\_

Fee: \$ \_\_\_\_\_ Credit Card Number \_\_\_\_\_ -- -- -- CVC Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Enclosed Check # \_\_\_\_\_ **OR** Signature Authorizing Charge to above number \_\_\_\_\_

Questions regarding programs or how to volunteer coach contact **480-350-5222** or [kevon\\_cornejo@tempe.gov](mailto:kevon_cornejo@tempe.gov)